

**APPLICATION
CHESTERFIELD MASTER GARDENER PROGRAM**

I wish to become a Master Gardener and would like to be accepted into the training program. I understand that if accepted into this program, I agree to donate 50 hours of public service through the Master Gardener Program.

Signature: _____

Name (Please Print): _____

Address: _____

City, State, Zip: _____

Telephone: _____ E-mail address: _____

Additional Information (Please Print)

Please circle highest level of education--less than 12 years; high school; college--1,2,3,4; more than 4 years.

Years of gardening experience in Virginia: _____

Please list any training or experience in gardening: _____

Please list any areas of specialization or hobbies (vegetables, fruits, flowers, ornamentals, house plants, etc.

Please list gardening affiliations (garden clubs, etc.): _____

Please list time during the next year that you know you will not be available for volunteer service due to vacation, job, or other commitments:

How did you learn of the Master Gardener Program? _____

Why do you wish to become a Master Gardener? _____
